

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12675

State File No.

FILED APR 11 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>945</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Maplewood</u>				c. CITY OR TOWN <u>Maplewood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>				e. STREET ADDRESS (If rural, give location) <u>7290 Zephyr Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7290 Zephyr Ave.</u>				f. STREET ADDRESS <u>7290 Zephyr Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>THOMAS</u>				a. (First) <u>THOMAS</u>		b. (Middle) <u>BRYANT</u>	
c. (Last) <u>BRYANT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3-30-1953</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-22-1894</u>	
9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR <u>1</u> Months		11. UNDER 1 YEAR <u>8</u> Days		12. UNDER 1 YEAR <u>1</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Sterling, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Bryant</u>				13b. MOTHER'S MAIDEN NAME <u>Mary E. Southerland</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Heibel Bryant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not known) <u>No</u>				16. SOCIAL SECURITY NO. <u>490-09-6878</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Bryant, above</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 29, 1953</u> , to <u>March 30, 1953</u> , that I last saw the deceased alive on <u>March 30, 1953</u> and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Dill M.D.</u>				23b. ADDRESS <u>7346 N. Manhattan Maplewood 17, Mo.</u>		23c. DATE SIGNED <u>3-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-1-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-31-53</u>		REGISTRAR'S SIGNATURE <u>Hester R. Jones - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WAY B. SMITH, Maplewood 17, Mo.</u>			
ADDRESS _____							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4029

P. O. Address.....Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.